


<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	<b>Guam Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	<b>EPA ID Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>3. Site Name</b>	<b>Name:</b>		
<b>4. Site Location Information</b>	<b>Street Address:</b>		
	<b>City, Town, or Village:</b>		<b>County:</b>
	<b>State:</b>	<b>Country:</b>	<b>Zip Code:</b>
<b>5. Site Land Type</b>	<input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	<b>A.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>C.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>B.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>D.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>7. Site Mailing Address</b>	<b>Street or P.O. Box:</b>		
	<b>City, Town, or Village:</b>		
	<b>State:</b>	<b>Country:</b>	<b>Zip Code:</b>
<b>8. Site Contact Person</b>	<b>First Name:</b>		<b>MI:</b>
	<b>Last:</b>		
	<b>Title:</b>		
	<b>Street or P.O. Box:</b>		
	<b>City, Town or Village:</b>		
	<b>State:</b>	<b>Country:</b>	<b>Zip Code:</b>
	<b>Email:</b>		
<b>9. Legal Owner and Operator of the Site</b>	<b>A. Name of Site's Legal Owner:</b>		<b>Date Became Owner:</b>
	<b>Owner Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>Street or P.O. Box:</b>		
	<b>City, Town, or Village:</b>		<b>Phone:</b>
	<b>State:</b>	<b>Country:</b>	<b>Zip Code:</b>
	<b>B. Name of Site's Operator:</b>		<b>Date Became Operator:</b>
	<b>Operator Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 100 kg/mo (220 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 50 kg/mo (110 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 50 to 1,000 kg/mo (110 – 219 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 50 kg/mo (109 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☐

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☐

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☐

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☐**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. T ransporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☐

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☐**7. Recycler of Hazardous Waste**Y ☐ N ☐

- 8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐

- 9. Underground Injection Control**

Y ☐ N ☐

- 10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☐

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticid es ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☐

- 2. Destination Facility for Universal Waste**

**Note:** A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☐

- 1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. T ransporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☐

- 2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☐

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☐

- 4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

~~❖ You can **ONLY** Opt into Subpart K if:~~

- ~~• you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND~~
- ~~• you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state~~

Y ☐ N ☐ 1. ~~Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories~~  
~~See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:~~

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university.

Y ☐ N ☐ ~~2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories~~

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

OMB#: 2050-0024; Expires \_\_\_\_\_

Y ☐ N ☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

[illegible]

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)



**ADDENDUM TO THE SITE IDENTIFICATION FORM:  
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**

**ONLY** fill out this form if:

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) **or** you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

**1. Indicate reason for notification. Include dates where requested.**

- ☐ Facility will begin managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy).
- ☐ Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- ☐ Facility has stopped managing excluded HSM as of \_\_\_\_\_ (mm/dd/yyyy) and is notifying as required.

2. **Description of excluded HSM activity.** Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity **ONLY** (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

[illegible]

**3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi).** (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y ☐ N ☐ Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

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**GUAM ENVIRONMENTAL  
PROTECTION AGENCY**

2011 Hazardous Waste Report

EPA ID Number												
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**GM  
FORM**

## WASTE GENERATION AND MANAGEMENT

<b>Sec. 1</b>		A. Waste description:									
B. EPA hazardous waste code(s)						C. State hazardous waste code(s)					
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>						<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
D. Source code				E. Form code		F. Quantity generated in 2011				G. Waste minimization code	
<div><div>G</div><div></div><div></div><div></div></div>				<div><div>W</div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				<div><div></div><div></div><div></div><div></div></div>	
Management Method code for Source code G25						UOM <div><div></div><div></div><div></div></div>					
<div><div>H</div><div></div><div></div><div></div></div>						Density <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg					
<b>Sec. 2</b>		Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?									
		<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)									
<b>ON-SITE PROCESS SYSTEM 1</b>						<b>ON-SITE PROCESS SYSTEM 2</b>					
On-site Management Method code		Quantity treated, disposed, or recycled on site in 2011				On-site Management Method code		Quantity treated, disposed, or recycled on site in 2011			
<div><div>H</div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				<div><div>H</div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
<b>Sec. 3</b>		A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling?									
		<input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)									
Site 1	B. EPA ID No. of facility to which waste was shipped					C. Off-site Management Method code shipped to			D. Total quantity shipped in 2011		
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					<div><div>H</div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Site 2	B. EPA ID No. of facility to which waste was shipped					C. Off-site Management Method code shipped to			D. Total quantity shipped in 2011		
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					<div><div>H</div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Site 3	B. EPA ID No. of facility to which waste was shipped					C. Off-site Management Method code shipped to			D. Total quantity shipped in 2011		
	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					<div><div>H</div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Comments:											

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: \_\_\_\_\_

EPA ID Number **GUAM ENVIRONMENTAL  
PROTECTION AGENCY**

2011 Hazardous Waste Report

**WR  
FORM****WASTE RECEIVED  
FROM OFF SITE****Waste 1** A. Description of hazardous waste

B. EPA hazardous waste code(s)


C. State hazardous waste code(s)


D. Off-site handler EPA ID number

E. Quantity received in 2011

F. UOM 
 Density   
☐ lbs/gal ☐ sg

G. Form code

W

H. Management Method code

H
**Waste 2** A. Description of hazardous waste

B. EPA hazardous waste code(s)


C. State hazardous waste code(s)


D. Off-site handler EPA ID number

E. Quantity received in 2011

F. UOM 
 Density   
☐ lbs/gal ☐ sg

G. Form code

W

H. Management Method code

H
**Waste 3** A. Description of hazardous waste

B. EPA hazardous waste code(s)


C. State hazardous waste code(s)


D. Off-site handler EPA ID number

E. Quantity received in 2011

F. UOM 
 Density   
☐ lbs/gal ☐ sg

G. Form code

W

H. Management Method code

H

Comments:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: \_\_\_\_\_

EPA ID NO: 

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**GUAM ENVIRONMENTAL  
PROTECTION AGENCY**

2011 Hazardous Waste Report

**OI  
FORM****OFF-SITE  
IDENTIFICATION**

<b>Site 1</b>	<b>A. EPA ID number of off-site installation or transporter</b> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			<b>B. Name of off-site installation or transporter</b>  
<b>C. Handler type (MARK ALL THAT APPLY)</b> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		<b>D. Address of off-site installation</b> Street _____ City _____ State <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Zip <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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<b>Site 4</b>	<b>A. EPA ID number of off-site installation or transporter</b> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			<b>B. Name of off-site installation or transporter</b>  
<b>C. Handler type (MARK ALL THAT APPLY)</b> <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		<b>D. Address of off-site installation</b> Street _____ City _____ State <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Zip <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

Comments:

## **INSTRUCTIONS FOR FILLING OUT THE OI FORM – OFF-SITE IDENTIFICATION**

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### **Who Must Submit this Form**

Sites required to file the 2011 Hazardous Waste Report must submit the OI Form if:

- The OI Form is required by your State; **AND**
- The site received hazardous waste from off-site or sent hazardous waste off-site during 2011.

For a list of State Contacts go to: <http://www.epa.gov/epawaste/inforesources/data/form8700/contact.pdf>.

### **Purpose of this Form**

The OI Form documents the names and addresses of off-site installations and transporters.

### **How to Fill out this Form**

The OI Form is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2011. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., “Other” responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and item letter to which the comment refers.

### **Item-By-Item Instructions**

Complete Items A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2011. Complete Items A through C for each transporter you used during the year (address in Item D is not required for transporters).

#### **Item A – EPA ID No. of Off-site Installation or Transporter**

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2011, leave blank if this item is not applicable or “don’t know” in Item A and note the reason in the Comments section.

**Item B – Name of Off-Site Installation or Transporter**

Enter the name of the off-site installation or transporter reported in Item A.

**Item C – Handler Type**

Place an “X” in all boxes that apply to the handler type (i.e., generator, transporter, or receiving facility) of the off-site installation or transporter reported in Item A.

**Item D – Address of Off-site Installation**

Enter the address of the off-site installation reported in Item A. If the EPA ID number reported in Item A refers to a transporter, leave blank if this item is not applicable or “don’t know” in Item D.